

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Timothy Vollmer
Serial No. : 10/556,454 Examiner: M. Audet
Filed : November 11, 2005 Group Art Unit: 1654
For : COMBINATION THERAPY WITH GLATIRAMER ACETATE AND MITOXANTRONE
FOR THE TREATMENT OF MULTIPLE SCLEROSIS

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: August 3, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	29 -	* 25 =	*** 4 X	\$26	\$52	=		208
Independent Claims	3 -	** 3 =	*** 0 X	\$110	\$220	=		0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				\$195	\$390	=		0
				TOTAL ADDITIONAL FEE			\$	208

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

 One additional copy of this Amendment Transmittal Letter

 X Return Receipt Postcard

 An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes No

and a fee of \$ included)

 X A Petition for an Extension of Time, including a fee of
\$ 130.00 for a Petition for 1 Month(s) Extension of Time

 X Other (identify): copies of references (Exhibits 1-8)

THE TOTAL FEE DUE IS \$ 338.00.

 X A check in the amount of \$ 338.00 is enclosed.

 Please charge Deposit Account No. in the amount of
\$.

 X The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

 X Fees under 37 C.F.R. \$1.16 for the presentation of extra claims

 X Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.
Gary J. Gershik 8/3/09
John P. White Date
Reg. No. 28,678
Gary J. Gershik
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